

Appendix C

Ad Hoc Committee

on Community Competencies for

Health Professionals

A report given in response to the
1999-2004 Texas State Health Plan goal:

Goal 6: Create a health care workforce that works with communities and in partnership with federal and state governments to have the greatest impact on the health of citizens.

Objective 6.2: Develop the skill level of health professionals in working with communities.

Report to the Statewide Health Coordinating Council

January 13, 2000



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for Health Professionals
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Ad Hoc Committee on Community Competencies For Health Professionals

INTRODUCTION

The 1999-2004 Texas State Health Plan, developed by The Texas Statewide Health Coordinating Council (SHCC) envisions a Texas where all citizens are able to achieve their maximum health potential.

To meet this challenge, Texas needs a well-trained, competent community health workforce. The Texas State Health Plan addresses community health workforce issues through a series of goals, objectives and strategies for workforce planning, regulation and policy development. Goal Six of the Texas State Health Plan speaks to creating a health workforce that works with communities and in partnership with federal and state governments to have the greatest impact on the health of citizens. From this goal and its subsequent objective of developing the skill level of health professionals in working with communities, a SHCC Ad Hoc Committee on Community Competencies for Health Professionals was formed and charged with deliberating the issues associated with core competencies and with developing action-oriented, policy recommendations, which will integrate these competencies into the existing and future health care workforce of Texas.

Key community health professionals from universities, professional organizations and associations, coordinating boards, health education centers, private practice and hospitals were selected and invited to represent diverse health care interest areas, professional backgrounds, geographic locations and populations of the state of Texas. These professionals, many of whom have contributed to the national dialogue mentioned throughout this report, have also provided the collective wisdom and insight necessary to shape the Texas vision for a quality health care workforce.

BACKGROUND

Much work has already been done to identify workforce competencies, particularly, at the national level. For example, competencies have been identified for graduate

programs, leadership institutes, health-related professions, specialized job functions and skill bases. To provide some context to this report, many in public health have been concerned about the future of public health and the education and training needed to reorient the public health workforce. The Institute of Medicine in 1988 issued the Future of Public Health. This report provided the impetus for a number of initiatives. In 1998, the Pew Health Professions Commission issued its fourth report on Recreating Health Professional Practice for a New Century that emphasized the need for health competencies to be integrated in the training and re-education of all health professional practice. Other groups such as the Kellogg and Robert Wood Johnson Foundation have contributed to the national dialogue by identifying community-based public health competencies and specialized job function competencies respectively. In addition, many disciplines have developed taxonomies of educational objectives that could be translated into competency descriptions. Other documents such as Core Competencies for the Synergistic Practice of Medicine and Public Health, Community Stewardship: Applying the Five Principles of Contemporary Governance, and Collaborative Competence in the Public Health Agency: Defining Performance at the Organizational and Individual Employee Levels were used in framing the competencies and recommendations included in this report. Complete citations of all referenced materials are included in the attached bibliography.

It is widely accepted that core community competencies for health professionals are critical to providing any and all of the essential public health services and that performance of these competencies can:

1. Be defined in both organizational and individual terms;
2. Help define the institutional culture necessary to support enhanced performance;
3. Complement the transition of health systems at all levels to the population focused model of health promotion and disease prevention;
4. Include both public and private sector partners equally in creating systems that sustain community health;
5. Be observed in practice;
6. Be described in behavioral terms; and,
7. Be part of a continual process of organizational/individual performance improvement.

For the purposes of this report, the SHCC Ad Hoc Committee on Community Competencies for Health Professionals chose to define competency as the knowledge, skills, and abilities demonstrated by community health professionals and workers that are critical to the effective and efficient function and delivery of community health services.

Dimensions of Community

The SHCC Ad Hoc Committee on Community Competencies for Health Professionals recognized early on the necessity of cross collaboration with other SHCC ad hoc committees including those studying issues concerning the community model, minority health and cultural competency and consumer health. Principles of community health were established by the SHCC Ad Hoc Committee on Community Model and shared with the Ad Hoc Committee on Core Competencies. These principles provided the framework for defining community health professional/worker and the dimensions of community health. In addition to this cross collaboration, qualitative information was gained through responses to focus group questions. This qualitative information, gained from numerous focus groups held across the state, helped substantiate and shape the core competencies delineated in this report. Focus group results are contained in an appendix to the report by the SHCC Ad Hoc Committee on Community Model.

Key Assumptions and Operating Principles

The SHCC Ad Hoc Committee on Community Competencies for Health Professionals began its work by discussing several key assumptions with respect to the committee charge. These discussions led to the following operating principles. Core community competencies:

- Must be applicable across all health professions, including all community health workers;
- Must be continuous throughout any curriculum;
- Must take a social ecological approach;
- Must be at least valued by faculty and organizational leaders if not modeled;
- Will need champions and resources to move from policy recommendations to real time actions;
- Are service-based;
- Must address how and where they are to be applied;

- Are to be defined in plain language and expressed in behavioral terms;
- Must integrate cultural competency into all competencies and must be achieved well before any community health experience; and,
- Must support and complement Texas' essential public health services.

Community Competencies For Health Professionals

Community Competencies Common to All Health Professionals

The Vision and The Reality

We embrace a well-trained, competent workforce, that is capable of practicing in the community at multiple organizational and institutional levels and settings, and to that end it is our vision. Competencies are future-focused rather than problem-focused and are needed to advance the principal health paradigm of population-based prevention through partnerships and collaboration. The target audiences are those individuals who need continuing education and professional development, in addition to those who are currently enrolled in schools preparing health care professionals. The reality is that it may be necessary to rethink how and what we provide through our current training approaches and where we engage health professionals in the learning process especially in the community. To change the current mindset will require an enlargement of the health professional's education to include system, organizational and population skills.

Community Competencies and Their Definitions

Definitions have been crafted to speak to all health professionals and workers who practice in the community. In its deliberations, the SHCC Ad Hoc Committee on Community Competencies for Health Professionals found that core competencies could be characterized into two groups—1) competencies which are integral to or the foundation for all other competencies and 2) those competencies which could be considered tools for health practice in the community. The core competencies below have been categorized into these groups.

Foundation Competencies

1. Cultural Awareness and Sensitivity

Definition: Integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used

in appropriate cultural settings to increase the quality of service and improve outcomes.

Competency: Understand the importance of cultural competency in health practice, accept differences, and convey the desire and willingness to help and serve everyone, regardless of language, color, or ability to pay.

2. Communication

Definition: Effective exchange of information among health care professionals, community groups, leaders and individuals.

Competency: Communicate with community groups, in a clear and effective manner, both orally and in writing, to contribute to the community's health.

3. Systems Thinking

Definition: The capacity to recognize and evaluate the interdependence of factors associated with complex problems.

Competency: Promote a strategy that supports the understanding and solving of complex health issues at the individual and community level.

4. Leadership

Definition: Ability to inspire action in others and act as a catalyst to enhance the health of the community.

Competency: Enable goal achievement through others by using such skills as role modeling, lifelong professional development, community stewardship, and systems thinking.

5. Education of Self and Others

Definition: Effective delivery, learning and sharing of information and experiences to enhance community health.

Competency: Continue to learn and help others to learn by creating and supporting environments conducive to learning and by seeking opportunities to educate self and others.

Competencies as Tools

6. Information Management

Definition: Integration, management and communication of individual and community health information and data through electronic systems and resources.

Competency: Use technology to access, communicate, and manage data and information.

7. Public Advocacy

Definition: Active involvement in concert with the community to create and promote policies, programs, services and resources that protect the health and welfare of its residents.

Competency: Act as a champion on behalf of or in concert with the community to promote and protect the health of its residents.

8. Community Organization and Development

Definition: Development of collaborative efforts among community individuals, groups, stakeholders and organizations to affect a specific community change.

Competency: Understand the assets, capacity and readiness of communities to improve and support community health.

9. Community Assessment

Definition: Process to determine the health of a community.

Competency: In partnership with the community, identify and assess strengths and resources to improve community health.

10. Strategy Development

Definition: Capacity to apply public health principles such as disease prevention and health promotion to essential services.

Competency: Apply appropriate and culturally relevant population-based interventions aimed at positive health behavior change.



11. **Program Evaluation**

Definition: Ability to determine if programs/strategies/activities have made a difference in the community's health.

Competency: Compare and analyze the impact of programs/strategies/activities on the health of a community.

12. **Quality Assurance**

Definition: A process by which standards or guidelines are developed and monitored to improve health outcomes.

Competency: Assume responsibility for services and health outcomes at all levels.

AD HOC COMMITTEE RECOMMENDATIONS

The SHCC Ad Hoc Committee on Community Competencies for Health Professionals recognizes the importance of the work that has been done at the national level and also is cognizant of the formative work that has been initiated by state organizations and agencies. This Committee's work provides a unique Texas, as well as interdisciplinary, perspective. It is meant to reinforce and complement those skills that are currently taught in schools preparing health care professionals. In addition, these policy recommendations suggest that core competencies be used for retooling existing curricula, if necessary, and for establishing the context for continuing education. Emphasis, regardless of professional level, is placed on mastering the competencies identified in this report. Specific policy recommendations are:

Recommendation One: Evaluate current course of study in professional schools to determine whether or not they are adequately preparing students to meet the challenges of health practice in the community.

Recommendation Two: Require a significant amount of work in community service settings as part of health professional programs.

Recommendation Three: Integrate core competencies into professional associations' accreditation, certification and licensure processes, benchmarks for graduation, entry into professional practice and continuing competence.

Recommendation Four: Request the Texas Department of Health to serve as a leader in the implementation of these competencies in the public health workforce and to act as a resource to private/public sector institutions and organizations.

Recommendation Five: Explore resources for expanding access to technology in support of community health in collaboration with both public and private sectors.

Recommendation Six: Establish opportunities for collaborative action research to further refine, diffuse and disseminate the core competencies.

Bibliography

American Hospital Association, *Community Stewardship: Applying the Five Principles of Contemporary Governance*, American Hospital Association, Chicago, Illinois, 1998.

Committee on Professional Education, American Public Health Association. "Criteria and Guidelines for Accrediting Schools of Public Health," *American Journal of Public Health*, Washington, DC, 1966, 56(1): 308–318.

Gebbie, K.M. and Hwang, I., *Preparing Currently Employed Public Health Professionals for Changes in the Health System*, Columbia University School of Nursing, Center for Health Policy and Health Services Research, New York, New York, 1998.

Halverson, P.K., Nicola, R.M., and Baker, E.L., "Performance Measurement and Accreditation of Public Health Organizations: A Call to Action," *Journal of Public Health Management and Practice*, Frederick, Maryland, 1998, 4(4): 5–7.



Healthy Communities: New Partnerships for the Future of Public Health, National Academy Press, Washington, DC, 1996.

Institute of Medicine, *The Future of Public Health*, National Academy Press, Washington, DC, 1998.

Keck, C.W., “Core Competencies for the Synergistic Practice of Medicine and Public Health,” Josiah Macy, Jr. Foundation Conference on Education for More Synergistic Practice of Medicine and Public Health, Palm Beach, Florida, 1998.

Mays, G.P., Halverson, P.K., and Miller, C.A. “Assessing the Performance of Local Public Health Systems: A Survey of State Health Agency Efforts,” *Journal of Public Health Management and Practice*, Frederick, Maryland, 1998, 4(4): 63–78.

Nelson, J.C., Essien, J.D., and Latoff, J.S., “Collaborative Competence in the Public Health Agency: Defining Performance at the Organizational and Individual Employee Levels,” Presentation given at Prevention 97: Research Linkages Between Academia and Practice, Atlanta, Georgia, 1997.

Pew Health Professions Commission, *Recreating Health Professional Practice for a New Century*, The Fourth Report of the Pew Health Professions Commission, San Francisco, California, December 1998.

Public Health Leadership Society, *Development of the Public Health Workforce: A Preliminary Compendium of National Resources*, Public Health Leadership Society, Center for Health Leadership, Washington, DC, 1998.

Statewide Health Coordinating Council, *The Texas State Health Plan 1999-2004: Ensuring A Quality Health Care Workforce for Texas*, Texas Department of Health, Austin, Texas, 1998.

